

# Judicial-DHS Regional Workgroup

Meeting #1

August 18th, 2011, 10:00 am to 3:00 pm

Judicial Branch Building Rm. 165

1111 E. Court Ave. Des Moines, IA



## MINUTES

### Attendance

**Workgroup Members:** Beth Baldwin, District Court Administrator; John Baldwin, Director, Iowa Department of Corrections; David Boyd, State Court Administrator; Linda Brundies, Assistant Ombudsman; Kathy Butler, CEO/Administrator, Partnership for Progress Inc.; Tom Eachus, Executive Director, CMHC Waterloo; Neil Fagan, Director, Iowa Lutheran Hospital; Mary Ann Gibson, Executive Director, Waubesa CMHC; Virgil Gooding, Director; Keys to Awareness; Jesse Hornback, CPC Keokuk County; Gretchen Kraemer, Assistant Attorney General; Deb Littlejohn, Clerk of Court, Wapello County; Jerry Mays, Olmstead Consumer Task Force; Diane Brecht, Penn Center, Inc.; Terry Rickers, Judge, Jasper County; Dan Royer, Director of Advocacy, Iowa Hospital Association; Kim Wilson; CPC, Clay County, Kelly Yeggy, Judicial Mental Health Advocate and Charles Palmer, Director, Department of Human Services.

**Facilitator:** Donna Richard-Langer, Iowa Department of Human Services

**DHS Staff:** Karalyn Kuhns (unable to be present at this meeting)

**Other Attendees:** David Hidgon: Polk County Health Services  
Sue Lerdal: Legislative Services  
Anna Hyatt-Crozier: Legislative Services  
Rachele Hjelmaas: Legislative Services  
Ronda Bennet: Department of Inspection and Appeals  
John Pollak: Legislative Services  
Teresa Bomhoff: Chair, Mental Health Planning Council  
Zeke Furlong: Legislative Services  
Sandi Hurtado-Peters

### Agenda

#### **Agenda Topics:**

- Workgroup Overview and Introductory Remarks
- Transportation issues for court committal process
- Guest speakers from Story County: System Mapping and Transportation

- Initial Draft recommendations
- Civil Commitment Prescreens
- Guest speaker from Eyerly Ball: Court Prescreening in Warren County
- Initial Draft recommendations
- Meeting Summary
- Public Comment

## **WORKGROUP OVERVIEW AND INTRODUCTORY REMARKS**

### **Introductory remarks by co-chair, David Boyd, State Court Administrator**

- David welcomed the former Court Mental Health Workgroup members and thanked them for their work last year, and also welcomed new members to the Judicial-DHS Workgroup.
- Our work is identified in the handout with specific tasks and goals identified.
- We will keep the workgroups moving forward on a rigorous schedule
- All work will be completed by October 2011.
- David commented on the issue regarding the Residential Care Facilities issue that occurred at the end of the legislative session.

### **Introductory remarks by Donna Richard-Langer, Facilitator**

- There are 6 new members to the Judicial-DHS Workgroup, two that are replacing persons that have retired their CPC positions.
- The Workgroup will meet 6 times now through October 20, 2011. We will be making recommendations to the Interim Committee as the other 5 workgroups will be doing.
- Minutes, agendas and other information from workgroups will be found at the DHS website: <http://www.dhs.state.ia.us/Partners/MHDSRedesign.html>. This also includes minutes from the 4 meetings of the Court Mental Health Workgroup in the fall of 2010.
- All of the 2011 workgroups are guided by the State Olmstead Plan that identifies a vision of a Life in the Community for Everyone, enabling each one to live, learn, work and recreate in the community of their choice. The Olmstead Plan can be found on the DHS website also.

### **Remarks by Director Charles Palmer**

#### **(Director Palmer joined the workgroup later in the morning after attending the Commission Meeting)**

- Director Palmer is also serving on the Regional Workgroup and this workgroup will be interested in the recommendations of the Judicial-DHS workgroup.
- The idea of regions is that each region has some form of governance, which could be county supervisors coming together. It would be made up of other persons, but we need to be aware of conflict of interests.
- The region will contract with local providers who may serve one county or more for the amount of money that the region receives. The region would have a contractual arrangement with the state.

- The Regional Workgroup will look at criteria for a region.
- One of the recommendations that needs to come from this workgroup is if transportation should be a core service in a region? And what are the components in a quality transportation system?
- A core service is what every Iowa has a right to receive regardless of where they live (after eligibility has been defined)

## **GROUP DISCUSSION OF THE TRANSPORTATION ISSUES IN THE COURT COMMITTAL PROCESS**

### **Transportation Issues in the Court Committal Process**

- Steve Hoffman reviewed issues presented at the Court mental health workgroup in the fall of 2010. Some of those include:
  - The amount of time and manpower it takes to transport
  - The inefficiencies of the transportation, as they travel great distances
  - Transportation of a 3 year and an 85 year old to a mental health facility
  - The need to figure out who is responsible for transportation

### **Transportation discussion with guest speakers Jeff Dodds and John Asmussen:**

- Story County just completed a systems mapping project looking at the committal process from start to finish with most of the system players involved.
- Transportation is the biggest issue for the county in the committal process
- Story County spends \$60,000 on mental health transports each year
- Manpower is a serious issue. It is difficult to find people to transport. Story County has had up to 4 transports in one day
- One example was when the sheriff went to Mason City to pick up a respondent and transport the person to Cherokee. This person had not lived in Story County for 2 years. (Note: Legal Settlement is no longer an issue. See SF 525)
- Story County does some transports by air
- Story County transports for both substance abuse committals and mental health, but the substance abuse payments are separate. Transportation issues are the same.
- Telepsychiatry is utilized in Story County and works well, reducing some transportation to psychiatrists.

### **Additional issues identified**

- Co-occurring needs to be addressed. This includes co-occurring with a substance abuse and/or mental health issue and a physical health issue such as diabetes, heart disease, etc.
- Difficulties arise when a patient is in a Mental Health facility and assaults someone resulting in a criminal charge pending. Where does this person go?
- Some sheriffs will not put someone in jail that has mental health issues. When someone is out of control no one wants to deal with them
- Some only transport person in shackles and cuffs as, by law they are a danger to themselves or others.

- Who decides if a person is safe to transport?
- Southeast Iowa has a SE Iowa Crime Commission that does transportation for several counties and this has worked well for many years.

### **Initial Draft Recommendations to consider re: Transportation**

1. Transportation for Court Committal process is a core service. This includes transportation to a CMHC or other designated facility for a mental health evaluation, to a hospital for admission and to a court hearing if the patient chose to attend.
2. Regions designate a transportation coordinator. The transportation coordinator where the patient is located/presents is to assign a sheriff or other appropriate transportation based on safety and the patient's vest interest. Costs to be paid by...(to be determined by the Regions Workgroup) (Drafted by Gretchen Kraemer)

### **GROUP DISCUSSION OF PRESCREENS IN THE COMMITMENT PROCESS**

Guest speaker: Larry Hejtmanek, Eyerly Ball in Des Moines.

- Prescreens grew out of frustration of finding a hospital bed for commitments.
- In Warren County when someone came to the clerk's office to commit, they were offered an opportunity to speak to a mental health professional
- Data presented from Warren County Clerk of Court from 2007-2011  
Of 42 persons referred for involuntary commitment:
  - 17 were appropriately committed
  - 3 turned into voluntary admissions
  - 5 were referred to Outpatient Mental Health Services
  - 17 were referred elsewhere including primary care physicians, substance abuse Treatment and other services in the community
- About 40% of those referred were appropriate for committal. 60% were not.
- In 2011 Larry and agency were told that the prescreens were to cease and desist due to a complaint to the court, and there being no provision in Chapter 229 that allows for prescreens when someone is referred for involuntary commitment.

### **Additional issues identified**

- Who authorizes the prescreen? It does not always originate from the clerk's office.
- Currently some CMHC's cannot serve someone for 4-6 weeks. The person needs to be screened in a timely manner.

### **Initial Draft recommendations to consider re: Prescreens in committal process**

1. Provide a provision in Chapter 229 that allows for the mental health evaluation (prescreen) prior to the commencement of an involuntary commitment procedure.
2. Mental Health Evaluations/Prescreens for involuntary commitments needs to be a core service.
3. The Mental Health Prescreen would be the role of the CMHC or a designated facility in the county contracted by the region.

## **NEXT STEPS:**

Information requested for next meeting

- Data on how much counties spend on transportation for involuntary committals each year.
- Ask Steve Day and his group what regional models of transportation are utilized around the country.

Next meeting is August 30, 2011 from 10:00 am – 2:00 pm.

## **PUBLIC COMMENT:**

**COMMENT:** As you are setting goals, keep the parameters wide to allow the regions to fashion a solution by their own community collaborations. We cannot be too prescriptive.

**COMMENT:** As we are looking at core services, we need to also consider what private health insurance covers and does not cover. And we may need to address that. The focus in on the individual person who is being evaluated and assessed for involuntary commitment. Keep in mind that the individual will go home to a family and the family - management process also.

## **For more information:**

Handouts and meeting information for each workgroup will be made available at:  
<http://www.dhs.state.ia.us/Partners/MHDSRedesign.html>

Website information will be updated regularly and meeting agendas, minutes, and handouts for the six redesign workgroups will be posted there.